

# SAMPLE ONLY

Do not fill  
out this form

ATTORNEY OR PARTY WITHOUT ATTORNEY

Write Your Name Here  
Write Your Address Here

TELEPHONE NO.:

Write Your Phone Number Here

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

Write "In Pro Per" Here

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PLAINTIFF/ PETITIONER:

Write Your Case Name Here

DEFENDANT/ RESPONDENT:

Write Your Case Number Here

## ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

1. The application was filed on (date): ☐ A previous order was issued on (date):
2. The application was filed by (name):
3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).
  - a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 985(i), **is waived.**
  - b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:
 

(1) <input type="checkbox"/> Filing papers.	(6) <input type="checkbox"/> Sheriff and marshal fees.
(2) <input type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c)).
(4) <input type="checkbox"/>	
(5) <input type="checkbox"/>	
  - c. **Method of payment.**
    - (1) ☐ Pay ( )
  - d. The clerk of the court is directed to enter the order in the court's records and to advise the applicant of the order by first-class mail, return receipt requested, within four months of the date of the order.
 

Date:
  - e. ☐ The clerk is directed to enter the order in the court's records and to advise the applicant of the order by first-class mail, return receipt requested, within four months of the date of the order.
 

Date:
  - f. **All unpaid fees and costs shall be a lien on any judgment or order entered upon such request.**
4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part (complete item 5 below).
  - a. ☐ Monthly ( )
  - b. ☐ Other ( )
  - c. The applicant is directed to pay the fees and costs by the date of the order or by the date of the next court session.
  - d. The clerk is directed to enter the order in the court's records and to advise the applicant of the order by first-class mail, return receipt requested, within four months of the date of the order.
 

Date:
5. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).
  - a. The substantiality of the applicant's financial condition is ( )
  - b. The applicant is directed to pay the fees and costs by the date of the order or by the date of the next court session.
  - c. The address of the court is (specify):
 

☐ Same as above
  - d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

## Do not fill out anything else on this page.

**NOTICE:** If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

**WARNING:** The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date:

☐

JUDICIAL OFFICER

☐

Clerk, by \_\_\_\_\_, Deputy

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 985(d))

Page 1 of 2

PLAINTIFF/PETITIONER (Name) <div style="border: 2px solid black; padding: 5px; display: inline-block; width: 80%;">Write Your Case Name Here</div>	CASE NUMBER: <div style="border: 2px solid black; padding: 5px; display: inline-block; width: 80%;">Write Your Case Number Here</div>
DEFENDANT/RESPONDENT (Name)	

4b ☐ Application is denied in whole or in part (*specify reasons*):

### CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at  
 (place): \_\_\_\_\_, California,  
 on (date): \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy

Write Your Name Here  
 Write Your Address Here

### CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy

